



In order to complete and submit a new group provider application, you will need the following information and corresponding documentation ready. PDFs are recommended.

<b>INFORMATION</b>	<b>DOCUMENTATION</b>
<input type="checkbox"/> Applicant's Social Security Number	
<input type="checkbox"/> State Department of Assessment & Taxation Number (SDAT)	
<input type="checkbox"/> National Provider Identifier (NPI)	
<input type="checkbox"/> Professional Licenses	<input type="checkbox"/> Licenses

If any of the following applies to you, you will need the following information and corresponding documentation ready

<b>IF APPLICABLE:</b>	
<b>INFORMATION</b>	<b>DOCUMENTATION</b>
<input type="checkbox"/> Individuals with control interest: board members, directors, managing employees	<input type="checkbox"/> Legal name, SSN, EIN, TIN, NPI, any adverse actions
<input type="checkbox"/> Subcontractor associations	<input type="checkbox"/> Legal name and address
<input type="checkbox"/> Adverse Actions	<input type="checkbox"/> Proof of Reinstatements
<input type="checkbox"/> Drug Enforcement Agency (DEA) Number	<input type="checkbox"/> DEA Certificate
<input type="checkbox"/> Clinical Laboratory Improvement Amendment Number (CLIA)	<input type="checkbox"/> CLIA Certificate
<input type="checkbox"/> Specialties	<input type="checkbox"/> Specialty Certificate
<input type="checkbox"/> Maryland Lab Permit Number	<input type="checkbox"/> Maryland Lab Permit Registration
<input type="checkbox"/> Board Certification in Pathology	<input type="checkbox"/> Proof of Board Certification in Pathology